**A picture containing logo

Description automatically generatedPIC Request Order Form (TEX-AN)**

Before ordering service go to: <https://dir.texas.gov/communications-technology-services/tex-voice-and-data-vendor-contracts> and review the contracts and pricing. Call 877-472-4848 Option 4 for assistance.

Customer agrees to abide by the applicable terms and conditions of the vendor’s communications technology services agreement and the related customer services agreement for the services. (This box must be checked for order issuance.)

Send completed order form with the vendor price quote to: [telecom.solutions@dir.texas.gov](mailto:telecom.solutions@dir.texas.gov)

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| 1) Customer Account Information | | | |
| Account Code | Click here | Division Code | Click here |
| Account Name | Click here | Division Name | Click here |
| Order Submitted By | Click here | Phone Number | Click here |
| Email Address | Click here | | |
| Date of this Request | Click here | Requested Due Date | Click here |
| Expedite Request | No  Yes**\*** If yes is checked, customer agrees to pay any expedite charges. | | |

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| 2) Type of Request – Select One |
| Add Number(s)  Change Number(s)  Delete Number(s) |

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| 3) Provider – Selecting One from each Inter-LATA and Intra-LATA columns is required. | |
| For Inter-LATA Calls  Select one option from this column.  AT&T (PIC 0288) DIR-TELE-CTSA-002  CenturyLink (PIC 104321) LLC DIR-TELE-CTSA-004  Restrict Line – No Long Distance | For Intra-LATA Calls  Select one option from this column.  AT&T (PIC 0288) DIR-TELE-CTSA-002  CenturyLink (PIC 104321) LLC DIR-TELE-CTSA-004  Restrict Line – No Long Distance |

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| 4) Location – Submit one form for each location. Only one location is allowed per form. | | | | |
| Name of Location | Click here | | |
| Street Address | Click here | City, State, ZIP | Click here |

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| 5) Telephone Number(s) |
| Are you adding Authorization Codes?  No  Yes **\*** |
| **\***If you are making Authorization Code changes, complete an Authorization Code Form  and send it with this form when you place your order. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Working Telephone Number(s)  or Range (if applicable) | | Authorization  Code  Prompt | | Name to Appear on DIR Invoice  Provide first and last names if you need them to appear on the DIR invoice associated with the  telephone numbers. | | International  Call  Blocking | |
| WTN | | Yes | No | Last Name (All Caps) | First Name (All Caps) | Yes | No |
| 1 | Click here |  |  | Click here | Click here |  |  |
| 2 | Click here |  |  | Click here | Click here |  |  |
| 3 | Click here |  |  | Click here | Click here |  |  |
| 4 | Click here |  |  | Click here | Click here |  |  |
| 5 | Click here |  |  | Click here | Click here |  |  |
| 6 | Click here |  |  | Click here | Click here |  |  |
| 7 | Click here |  |  | Click here | Click here |  |  |
| 8 | Click here |  |  | Click here | Click here |  |  |
| 9 | Click here |  |  | Click here | Click here |  |  |
| 10 | Click here |  |  | Click here | Click here |  |  |
| If more than 10 lines are needed, complete a PIC Code Large Order Form  and send it with this form when you place your order. | | | | | | | |

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| 6) Remarks –Provide any special requests and additional information. |
| Click here |